


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90442 004 ***150.00

DOCUMENT # P02000113336	
1. Entity Name ROYALTY ENTERTAINMENT, INC.	

Principal Place of Business 200 EAST LAS OLAS BOULEVARD, SUITE #1900 FORT LAUDERDALE, FL 33301	Mailing Address 200 EAST LAS OLAS BOULEVARD, SUITE #1900 FORT LAUDERDALE, FL 33301
--	--

2. Principal Place of Business - No P.O. Box # 2808 NE 35 CT	3. Mailing Address 2808 NE 35 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT LAUD FL	City & State FT LAUD FL
Zip 33308	Zip 33308
Country US	Country US

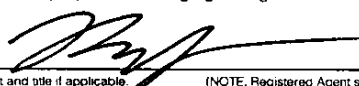


04242007 Chg-P CR2E034 (12/06)

4. FEI Number 27-0058654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL J ESQ. 200 EAST LAS OLAS BOULEVARD, SUITE #1900 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name KENNETH J. JOYCE ESQ Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD STE 1900 City FT. LAUD FL 33301
---	---

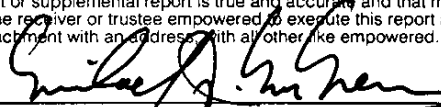
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**  (NOTE: Registered Agent signature required when reinstating) **X** **4/24/07** DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNERNEY, MICHAEL J		NAME MCNERNEY, MICHAEL J.	
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, SUITE #1900		STREET ADDRESS 2732 NE 27 CT	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301		CITY-ST-ZIP FT LAUD FLA 33306	
TITLE DPST	<input type="checkbox"/> Delete	TITLE DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWALES, KEVIN		NAME SWALES, KEVIN	
STREET ADDRESS 200 E. LAS OLAS BLVD, SUITE 1900		STREET ADDRESS 2808 NE 35 CT	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301		CITY-ST-ZIP FT LAUD FLA 33308	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Director** **4/25/07** **954 703-2124** DATE DAYTIME PHONE #